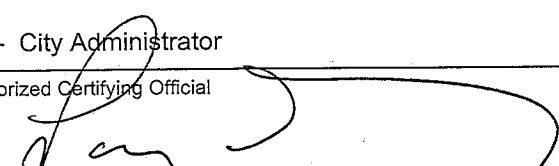


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FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted Denali Commission		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 158-05		OMB Approval No. 0348-0038	Page of 1	pages 1
3. Recipient Organization (Name and complete address, including ZIP code) City of Sand Point P.O. Box 249 Sand Point, Alaska 99661						
4. Employer Identification Number 92-0038128		5. Recipient Account Number or Identifying Number DUNS # 002286235		6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. Basis <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 2/1/2005		To: (Month, Day, Year) 7/1/2006		9. Period Covered by this Report From: (Month, Day, Year) 10/1/2005		To: (Month, Day, Year) 12/31/2005
10. Transactions:				I Previously Reported	II This Period	III Cumulative
a. Total outlays				75,000.00	63,432.90	138,432.90
b. Recipient share of outlays				45,750.00	22,875.00	68,625.00
c. Federal share of outlays				29,250.00	40,557.90	69,807.90
d. Total unliquidated obligations						
e. Recipient share of unliquidated obligations						
f. Federal share of unliquidated obligations						
g. Total Federal share(Sum of lines c and f)						69,807.90
h. Total Federal funds authorized for this funding period						69,807.90
i. Unobligated balance of Federal funds(Line h minus line g)						0.00
11. Indirect Expense						
a. Type of Rate(Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed						
b. Rate		c. Base		d. Total Amount		e. Federal Share
na		na				
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation. CORRECTED COPY REPLACING THE ONE SUBMITTED AND SIGNED 12/29/2005						
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.						
Typed or Printed Name and Title Paul R. Day - City Administrator				Telephone (Area code, number and extension) (907) 274-7561		
Signature of Authorized Certifying Official 				Date Report Submitted January 31, 2006		

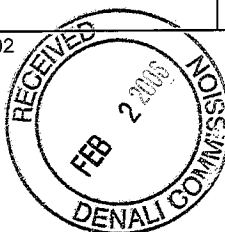
NSN 7540-01-218-4387

269-202

Standard Form 269A (Rev. 7-97)

Prescribed by OMB Circulars A-102 and A-110

ACCEPTED



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